

COMMERCIAL ACCOUNT APPLICATION

RNK DISTRIBUTING

3400 Division Street
Knoxville, TN 37919

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COMPANY NAME

ADDRESS

CITY STATE ZIP

PHONE FAX

WEBSITE EMAIL

TYPE OF BUSINESS

Store Front Manufacturer Home Based

Screen Printer Embroiderer

Other _____

ACCOUNTS PAYABLE REPRESENTATIVE

BANK NAME (Checking)

ACCOUNT NUMBER

CITY STATE ZIP

BUSINESS NAME APPEARING ON CHECK

CREDIT TERMS DESIRED

Net 30 COD Only

VISA / Master Card / Discover / American Express

CREDIT CARD #

VCC EXPIRATION

Machine Type

of Heads

of Needles

NUMBER OF YEARS IN BUSINESS

If requesting Net 30 Please list 3 Business References below

COMPANY NAME	COMPANY NAME	COMPANY NAME
ADDRESS	ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP	CITY STATE ZIP
ACCT #	ACCT #	ACCT #
PHONE	PHONE	PHONE
FAX	FAX	FAX

All accounts require a credit card on file. Our terms are Net 30. If you fail to pay at Net 30, by signing below, you agree that we may charge your card for the past due account.

DATE SIGNATURE PRINTED NAME TITLE